

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2006

through

04

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Anna Lee -Assistant Treas

Signature of Treasurer

Electronically Filed by Anna Lee -Assistant Treas

Date

05

11

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
-----------------------	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		371526.17
(b) Cash on Hand at Beginning of Reporting Period	344222.33	
(c) Total Receipts (from Line 19)	72440.08	250425.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	416662.41	621951.17
7. Total Disbursements (from Line 31)	25629.92	230918.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	391032.49	391032.49
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	68231.87	232864.98
(i) Itemized (use Schedule A)	4208.21	17560.02
(ii) Unitemized	72440.08	250425.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	72440.08	250425.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	72440.08	250425.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	72440.08	250425.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	879.92	2918.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	879.92	2918.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23750.00	224500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1000.00	3500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	25629.92	230918.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	25629.92	230918.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	72440.08	250425.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	72440.08	250425.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	879.92	2918.68
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	879.92	2918.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr Larry Bradley

Mailing Address 50 Concordia Lane

City State Zip Code
 Oroville CA 95966-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Country Crest

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: 23774292

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr James Unverferth

Mailing Address 1100 Shawnee Road

City State Zip Code
 Lima OH 45805-3583

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCF, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 5 / 2 0 0 6

Transaction ID: 23782546

Amount of Each Receipt this Period

1250.00

C. Full Name (Last, First, Middle Initial)

Ms. Mary Leach

Mailing Address 3514 E Shea Blvd. Ste 133

City State Zip Code
 Pla AZ 85028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owner

Occupation
Coppersands

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23784499

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

1875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy Boyle

Mailing Address 936 Spyglass Court

City State Zip Code
Dakota Dunes SD 57049-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Care Centre Management

Occupation
Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 23789071

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Mr Jay Moskowitz

Mailing Address 2932 Fenton Street

City State Zip Code
Wheat Ridge CO 80214-8116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quality Life Management

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 6

Transaction ID: 23791213

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Rick Mendlen

Mailing Address 1810 Gillespie Way Ste. 212

City State Zip Code
El Cajon CA 92020-0921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kennon Shea & Assoc.

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 6

Transaction ID: 23798436

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Jim Walker		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 2740 Cherokee Road		Transaction ID: 23807766
City Birmingham	State AL	
Zip Code 35216-1039		Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		
Name of Employer PHS	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B. Full Name (Last, First, Middle Initial) Mr. Charles J. Herman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address One Seagate, Suite 1500		Transaction ID: 23810531
City Toledo	State OH	
Zip Code 43604-1590		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Care REIT, Inc.	Occupation VP & Chief Investment Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Mr Kenneth Greiner		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 4350 Will Rogers Pkwy Ste 300		Transaction ID: 23814441
City Oklahoma City	State OK	
Zip Code 73108-1839		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Grace Living Center	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Kelley Schild

Mailing Address 47 NW 32nd Place

City State Zip Code
 Miami FL 33125-4914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Floridean Nursing Home

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 23826517

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Mr Daniel Salmon

Mailing Address 85 Beaumont Dr

City State Zip Code
 Northbridge MA 01534-1093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaumont Nursing Home

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 6

Transaction ID: 23839798

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)

Mr Robert Decker

Mailing Address 3156 River Road Suite 100

City State Zip Code
 Salem OR 97302-9701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westcare Management

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 6

Transaction ID: 23839803

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

6125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Ken Beebe
Mailing Address 571 Hwy 51 Suite H

City State Zip Code
Ridgeland MS 39157-2564

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Care

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 6

Transaction ID: 23839804

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Samuel Kaplan
Mailing Address 5500 Wells Fargo Center
90 South Seventh St

City State Zip Code
Minneapolis MN 55402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tealwood Care Centers

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 6

Transaction ID: 23839805

Amount of Each Receipt this Period

875.00

C. Full Name (Last, First, Middle Initial)
Ms Sandy Klein
Mailing Address 4315 Gaidalupe #300

City State Zip Code
Austin TX 78751-3644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mariner Health Care

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 6

Transaction ID: 23839806

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Robert Siebel

Mailing Address 13185 W. Great Mountain Drive

City State Zip Code
 Lakewood CO 80228-3512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carriage Healthcare Compa-
nies, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 6

Transaction ID: 23839810

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Dion Sena

Mailing Address 1301 NE 104th Street

City State Zip Code
 Miami Shores FL 33138-2661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alachua Health Consultants
Inc.

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 6

Transaction ID: 23839815

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Michael McBride

Mailing Address 101 Grace Drive

City State Zip Code
 Easley SC 29640-9088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Management Resourc-
es

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 6

Transaction ID: 23839821

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms Mary Baker

Mailing Address 108 Starr Ave.
PO Box 1129

City State Zip Code
Turlock CA 95381

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mark One Corp.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 6

Transaction ID: 23839823

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial)

Mr. Jesse Johnson, Jr.

Mailing Address 1500 E. First St.

City State Zip Code
Newberg OR 97132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newberg Care Home

Occupation
Administrator/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 6

Transaction ID: 23839827

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Stanley Dicker

Mailing Address 182-15 Hillside Ave

City State Zip Code
Jamaica Estates NY 11432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hillside Manor Rehab Ctr

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 6

Transaction ID: 23839829

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Stephen J. Allen			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 921 E. Fort Avenue Suite 240			Transaction ID: 23851970	
City State Zip Code Baltimore MD 21230-5346			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Xavier Health Care Services, Inc.		Occupation President/CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) Mr. William Gillis			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address 8 Avenue 1			Transaction ID: 23863969	
City State Zip Code Scarborough ME 04074			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Continuum Health Care		Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Mr Berry Crow			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 6	
Mailing Address 2067 First Avenue			Transaction ID: 23879407	
City State Zip Code San Diego CA 92101-2011			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Brighton Health Alliance Inc		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Michael Morton
Mailing Address 415 Rogers Avenue

City State Zip Code
Fort Smith AR 72901-1926

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Arkansas Nursing
Ctrs

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 23879497

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)
Mr Travis Tomlinson
Mailing Address 513 E Whitaker Mill Rd

City State Zip Code
Raleigh NC 27608-2699

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayview Conv Home Inc

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 23879536

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Ms. Linda Black-Kurek
Mailing Address 7445 Liberty Woods Lane

City State Zip Code
Dayton OH 45459-3911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Liberty Health Care Corp

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 23879560

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms Gail Clarkson

Mailing Address 1387 Club Drive

City State Zip Code
 Bloomfield Hills MI 48302-0823

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medilodge Group

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 6

Transaction ID: 23879888

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)

Mr Lee Marchant

Mailing Address 3800 Gifford Road

City State Zip Code
 Bloomington IN 47403-2612

FEC ID number of contributing
federal political committee.

C

Name of Employer
LJM Enterprises

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 6

Transaction ID: 23879905

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr Steven Bandstra

Mailing Address 5000 Hakes Drive Suite 600

City State Zip Code
 Norton Shores MI 49441-5567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Care Group

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 6

Transaction ID: 23880070

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Kathryn Bandstra Mailing Address 5000 Hakes Drive Suite 600 City State Zip Code Norton Shores MI 49441-5567 FEC ID number of contributing federal political committee. C Name of Employer Community Care Group Occupation Co-owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6 Transaction ID: 23880083 Amount of Each Receipt this Period 5000.00
B. Full Name (Last, First, Middle Initial) Mr. Jon Reardon Mailing Address 1202 Weiss City State Zip Code Saginaw MI 48602-5471 FEC ID number of contributing federal political committee. C Name of Employer Hoyt Nursing & Rehab Center Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6 Transaction ID: 23880114 Amount of Each Receipt this Period 125.00
C. Full Name (Last, First, Middle Initial) Mr. James B. Smith Mailing Address 1201 L St. NW PAYROLL DEDUCTION City State Zip Code Washington DC 20005-4024 FEC ID number of contributing federal political committee. C Name of Employer American Health Care Association Occupation Sr. VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1346.17			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6 Transaction ID: 23880190 Amount of Each Receipt this Period 192.31

SUBTOTAL of Receipts This Page (optional)

5317.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr David Kylo		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		Transaction ID: 23880214	
City State Zip Code Arlington VA 22206-1143		Amount of Each Receipt this Period 39.56	
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA Occupation Director, Assisted Living			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 262.36	
B. Full Name (Last, First, Middle Initial) Mr Thomas G. Rau		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 10503 Citation Drive		Transaction ID: 23880561	
City State Zip Code Brighton MI 48116-6549		Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Nexcare Health Systems, LLC Occupation Owner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	
C. Full Name (Last, First, Middle Initial) Mr. Cliff Coldren		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 1930 Cliff Side Dr.		Transaction ID: 23880645	
City State Zip Code STATE COLLEGE PA 16801-7694		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Brookline Occupation Developer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)

1789.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Neil Pruitt, Jr.

Mailing Address P.O. Box 1210

City State Zip Code
Toccoa GA 30577-1421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pruitt Corporation

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23894266

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)

Mr Louis Serra

Mailing Address 2525 Pennsylvania Ave

City State Zip Code
Weirton WV 26062-3693

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weirton Geriatric Center

Occupation
Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 6

Transaction ID: 23897677

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

John Barber

Mailing Address PO Box 3347

City State Zip Code
Spartanburg SC 29302-4335

FEC ID number of contributing
federal political committee.

C

Name of Employer
White Oak Manor

Occupation
Executive VP/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 6

Transaction ID: 23897687

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr Jack Vetter Mailing Address 5020 South 118th St. City State Zip Code Omaha NE 68137-2223 FEC ID number of contributing federal political committee. C Name of Employer Vetter Health Services Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6 Transaction ID: 23897688 Amount of Each Receipt this Period 1250.00
B. Full Name (Last, First, Middle Initial) Mr Delbert Ousley Mailing Address 300 Provider Court City State Zip Code Richmond KY 40475-8488 FEC ID number of contributing federal political committee. C Name of Employer PMD Corporation Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6 Transaction ID: 23897691 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. Douglas Burr Mailing Address 1185 Wilde Run Court City State Zip Code Roswell GA 30075-7160 FEC ID number of contributing federal political committee. C Name of Employer Cypress Healthcare Management Occupation VP Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6 Transaction ID: 23897695 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr Robert M. Chur
Mailing Address 7 Limestone Drive

City State Zip Code
 Williamsville NY 14221-7899

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elderwood Affiliates Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 6

Transaction ID: 23897696

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)
Mr. Scott Carlson
Mailing Address 994 Sharon Lane

City State Zip Code
 Ventura CA 93001-3847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sun Health Care

Occupation
Director Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 6

Transaction ID: 23897699

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
James R. Westbury
Mailing Address 922 McDonough Rd

City State Zip Code
 Jackson GA 30233-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westbury Medical Care Home
Inc

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 6

Transaction ID: 23901272

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Greg Lentz

Mailing Address 10003 Woodlands Forest Dr. Ste 25

City State Zip Code
The Woodlands TX 77380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthmark Group

Occupation
Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: 23901274

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Mr. Al Braswell

Mailing Address 3674 Pacific Ave.

City State Zip Code
Riverside CA 92509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Pacifica Enterprises

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: 23901281

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Mr Richard Rau

Mailing Address 3939 S. 92nd St.

City State Zip Code
Greenfield WI 53228-2199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clement Manor Inc.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 6

Transaction ID: 23903502

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

2625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Richard Herrick

Mailing Address 33 Elk St. #300

City State Zip Code
 Albany NY 12207-1073

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYS Health Facilities Ass-
ociation

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 6

Transaction ID: 23903504

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)

Mr. Steve Mulder

Mailing Address 7300 Del Pardo Street

City State Zip Code
 Boca Raton FL 33433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whitehall Boca

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 6

Transaction ID: 23903505

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr Edward L. Kuntz

Mailing Address 680 South Fourth St.

City State Zip Code
 Louisville KY 40202-2412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare

Occupation
Chairman, CEO & President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 6

Transaction ID: 23903506

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Blaine Hendrickson

Mailing Address PO Box 7

City State Zip Code
Rancho Mirage CA 92270-0007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Healthcare

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 6

Transaction ID: 23903508

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)

Ms Alice Kim Lew

Mailing Address 58-130 Kam Hwy

City State Zip Code
Haleiwa HI 96712-9714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crawford's Convalescent
Home

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 6

Transaction ID: 23903510

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Jeffrey B. Hendrickson

Mailing Address 132 Loch Lomand

City State Zip Code
Rancho Mirage CA 92270-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Healthcare

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 6

Transaction ID: 23903512

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Patricia Giorgio
Mailing Address 3410 12th Ave. SW

City State Zip Code
Cedar Rapids IA 52404-1375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evergreen Estates

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 6

Transaction ID: 23903514

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Mr Jay Moskowitz
Mailing Address 2932 Fenton Street

City State Zip Code
Wheat Ridge CO 80214-8116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quality Life Management

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 6

Transaction ID: 23915643

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Ms. Marjorie Shell
Mailing Address 625 East Water St.

City State Zip Code
Pendleton IN 46064-8730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fall Creek Retirement Vil-
lage

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 6

Transaction ID: 23915647

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)

1725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Marjorie Shell
Mailing Address 625 East Water St.

City State Zip Code
Pendleton IN 46064-8730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fall Creek Retirement Vil-
lage

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 6

Transaction ID: 23915648

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial)
Mr Ron Dodgen
Mailing Address PO Box 626

City State Zip Code
Pismo Beach CA 93448-0626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis Developmental Ser-
vices

Occupation
CEO/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 6

Transaction ID: 23915651

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Mr Stan Jones
Mailing Address 3107 Westhill Dr

City State Zip Code
Wausau WI 54401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wausau Mahor

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 6

Transaction ID: 23915653

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

2925.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Andrew S Weisman

Mailing Address 5310 NW 33rd Avenue Suite 211

City State Zip Code
 Fort Lauderdale FL 33309-6376

FEC ID number of contributing
federal political committee.

C

Name of Employer
NuVision Management

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 6

Transaction ID: 23922871

Amount of Each Receipt this Period

3750.00

B. Full Name (Last, First, Middle Initial)

Mr. Ken Beebe

Mailing Address 571 Hwy 51 Suite H

City State Zip Code
 Ridgeland MS 39157-2564

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Care

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 6

Transaction ID: 23923028

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

Mr. Dennis Wheeler

Mailing Address PO Box 2754

City State Zip Code
 Mount Pleasant SC 29465-2754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laurel Bay Healthcare

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 23930647

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

4850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Gary Attman

Mailing Address 8028 Ritchie Hwy. #118

City State Zip Code
Pasadena MD 21122-1069

FEC ID number of contributing
federal political committee.

C

Name of Employer
FutureCare Health & Mgmt.Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	6

Transaction ID: 23930925

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)
Mr Ira Alpert

Mailing Address 285 South Street
Suite J

City State Zip Code
San Luis Obispo CA 93401-5037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilshire Foundation IncOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	6

Transaction ID: 23930928

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Mr Dave Helmsin

Mailing Address 1717 I Street

City State Zip Code
Sacramento CA 95814-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol AdvocacyOccupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	6

Transaction ID: 23930938

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr R. Peter Madel, Jr.

Mailing Address 108 8th St NW

City State Zip Code
Waseca MN 56093-1912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Shore Inn Nursing Ho-
me

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 6

Transaction ID: 23930946

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Mr. Bobby Beebe

Mailing Address 763 Avery Blvd North

City State Zip Code
Ridgeland MS 39157-5218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magnolia Management

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 23931434

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Mr Elton Beebe

Mailing Address PO Box 6015

City State Zip Code
Ridgeland MS 39158-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magnolia Management Corp

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 23931438

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

7625.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr Michael Scharfenberger		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 7265 Kenwood Rd #300		Transaction ID: 23935547	
City Cincinnati	State OH	Zip Code 45236-4414	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer Nursing Care Management	Occupation Exec Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Mr. Russell V Peterson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 5281 Venturs Drive		Transaction ID: 23935843	
City Fremont	State NE	Zip Code 68025-9779	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer Nye Senior Living	Occupation Regional Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

68231.87

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Health Care Assoc PAC

Mailing Address 1201 L Street NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 23986635

Date of Disbursement

/ /

Amount of Each Disbursement this Period

879.92

SUBTOTAL of Disbursements This Page (optional)

879.92

TOTAL This Period (last page this line number only)

879.92

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Mailing Address 425 2nd St., N.E.

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

Void - National Republican Senatorial Co

Candidate Name

011

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 23982982

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

-15000.00

Void - National Republican
Senatorial Committee

Full Name (Last, First, Middle Initial)

B. Hoyer for Congress Committee

Mailing Address 7905 Malcolm Road, Suite 102

City
Clinton

State
MD

Zip Code
20735

Purpose of Disbursement

Candidate Name

Mr. Steny Hoyer

011

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD

District: 5

Transaction ID: 23904225

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dave Camp for Congress

Mailing Address 135 Ashman

City
Midland

State
MI

Zip Code
48640

Purpose of Disbursement

Candidate Name

Mr. Dave Camp

011

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 4

Transaction ID: 23904242

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

-13000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 40

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Spratt for Congress

Mailing Address PO Box 636

City
Annandale

State
VA

Zip Code
22003

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr John Spratt

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: SC District: 5

Transaction ID: 23904237

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Joe Barton

Mailing Address PO Box 1444

City
Ennis

State
TX

Zip Code
75120

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Joe Barton

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 6

Transaction ID: 23904224

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Richard E. Neal for Congress

Mailing Address 76 Magnolia Terrace

City
Springfield

State
MA

Zip Code
01108

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Richard Neal

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 2

Transaction ID: 23904244

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 40

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher Shays

Mailing Address 98 East Avenue Rear Building
98 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Christopher Shays

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 4

Transaction ID: 23904229

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Texans for Henry Bonilla

Mailing Address PO Box 17292

City San Antonio State TX Zip Code 78217

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Henry Bonilla

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 23

Transaction ID: 23904253

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Roger Wicker

Mailing Address PO Box 874

City Tupelo State MS Zip Code 38802

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Roger Wicker

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 1

Transaction ID: 23904257

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 40

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Burr Committee

Mailing Address PO Box 5928

City
Winston-Salem

State
NC

Zip Code
27113

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr Richard Burr

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2005
☐ Primary ☐ General
☒ Other (specify) ▼
2010Primary

State: NC District: 5

Transaction ID: 23904213

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. J.D. Hayworth for Congress

Mailing Address 14300 N. Northsight Blvd. Ste. 105

City
Scottsdale

State
AZ

Zip Code
85260

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. J.D. Hayworth

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 6

Transaction ID: 23904322

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Marion Berry for Cong Cmt

Mailing Address PO Box 8084

City
Jonesboro

State
AR

Zip Code
72055

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Marion Berry

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 1

Transaction ID: 23904236

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom Allen for Congress

Mailing Address PO Box 17766

City
Portland

State
ME

Zip Code
04112

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Tom Allen

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 1

Transaction ID: 23904198

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Sweeney for Congress

Mailing Address PO Box 4137

City
Clifton Park

State
NY

Zip Code
12065

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr John Sweeney

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 22

Transaction ID: 23904239

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Crowley for Congress

Mailing Address 84-56 Grand Avenue

City
Elmhurst

State
NY

Zip Code
11373

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr Joe Crowley

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 7

Transaction ID: 23904238

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Adam Putnam For Congress Campaign Committee

Mailing Address Post Office Box 2426

City State Zip Code
Bartow FL 33851

Purpose of Disbursement

011
Category/
Type

Candidate Name
Adam Putnam

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 12

Transaction ID: 23904243

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. People with Hart

Mailing Address PO Box 435

City State Zip Code
Wexford PA 15090

Purpose of Disbursement

011
Category/
Type

Candidate Name
Ms. Melissa Hart

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 4

Transaction ID: 23904204

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. People with Hart

Mailing Address PO Box 435

City State Zip Code
Wexford PA 15090

Purpose of Disbursement

011
Category/
Type

Candidate Name
Ms. Melissa Hart

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 4

Transaction ID: 23904210

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 40

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. LEE PAC (Leadership Encouraging Excellence)

Mailing Address 4451 Brookfield Corporate Drive #2

City Chantilly State VA Zip Code 20151

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23904221

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. ERICPAC

Mailing Address 209 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23904203

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. DOC PAC

Mailing Address PO Box 65796

City Washington State DC Zip Code 20035

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23904270

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Price for Congress

Mailing Address 1970 Roswell Rd.

City Marietta State GA Zip Code 30062

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Tom Price

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 6

Transaction ID: 23904196

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Schmidt for Congress Committee

Mailing Address 771 Wards Corner Road

City Loveland State OH Zip Code 45140

Purpose of Disbursement

011

Category/
Type

Candidate Name
Jean Schmidt

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 2

Transaction ID: 23904195

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Julia Carson For Congress Committee

Mailing Address P.O. Box 44088
740 Market Square Center

City Indianapolis State IN Zip Code 46244

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Julia Carson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 7

Transaction ID: 23904202

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of John Boehner

Mailing Address 7908 Cincinnati-Dayton Rd.
1020 Longworth House Ofc Bldg

City West Chester State OH Zip Code 45069

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. John Boehner

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 8

Transaction ID: 23915618

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Buyer for Congress Committee

Mailing Address 103 W. Broadway

City Monticello State IN Zip Code 47960

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Steve Buyer

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 5

Transaction ID: 23915677

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Schmidt for Congress Committee

Mailing Address 771 Wards Corner Road

City Loveland State OH Zip Code 45140

Purpose of Disbursement

011
Category/
Type

Candidate Name
Jean Schmidt

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 2

Transaction ID: 23915619

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

23750.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. WISH List (Women in the Senate and House)

Mailing Address 499 S. Capitol St. SW
#408

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23904214

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00